

The questions below refer to: (center name) _____

Adult Survey 2008

In order to provide the best mental health services to you, we would like to know what you think about the services you are receiving. Your answers are confidential and will be used to improve future services. For each survey item below, please check the box that corresponds to your answer. Please check the NA (Not applicable) box if the question is about something you have not experienced.

Today's Date:									
1. Your Age (in years):									
	ender: ☐ Male ☐ Female								
3. What is your race? Check all that apply. □ White/Caucasian □ African American/Black □ Native American/ Alaskan Native □ Latino □ Asian/South/ Pacific Islander □ Other (please specify)									
4. How long have you received mental health services from this center? years months									
5. How did you become involved in receiving services from this center? (check the primary reason only): □ I decided on my own □ I was encouraged by others □ I was required to come									
As a direct result of services received in the past 6 months:									
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA		
6.	I do better in social situations.								
7.	I do better in school and/or work.								
8.	My housing situation has improved.								
9.	My symptoms are not bothering me as much.								
10.	I deal more effectively with daily problems.								
11.	I am getting along better with my family.								
12.	I am better able to control my life.								
13.	I am better able to deal with crisis.								
14.	I do things that are more meaningful to me.								
15.	I am better able to take care of my needs.								
16.	I am better able to handle things when they go wrong.								
17.	I am better able to do things that I want to do.								

	se answer the following questions, thinking about you tal health provider:	r relati	onships	with pe	ersons o	ther tha	n your
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
18.	I am happy with the friendships I have.						
19.	I have people with whom I can do enjoyable things.						
20.	I feel I belong in my community.						
21.	In a crisis, I have the support I need from family or friends.						
Plea	se answer the following questions about attitudes tow	ard me	ntal illne	ess and	treatme	nt:	
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
22.	Treatment can help people with mental illness lead normal lives.						
23.	People are generally caring and sympathetic to people with mental illness.						
Plea	se provide feedback about the services you received:						
		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	NA
24.	Services were available at times that were good for me.						
25.	Staff were willing to see me as often as I felt necessary.						
26.	I was able to get all of the services I thought I needed.						
27.	I felt comfortable asking questions about my treatment and medication.						
28.	I, not staff, decided my treatment goals.						
29.	I felt free to complain.						
30.	Staff here believe that I can grow, change, and recover.						
31.	Staff encouraged me to take responsibility for how I live my life.						
32.	I like the services that I received here.						
33.	Staff respected my family's religious/spiritual beliefs.						
34.	Staff were sensitive to my cultural/ethnic background.						

Please answer the following questions about how you have been feeling during the past 30 days:							
		All of the time	Most of the time	Some of the time	A little of the time	None of the time	Don't know
35.	About how often did you feel nervous?						
36.	About how often did you feel hopeless?						
37.	About how often did you feel restless or fidgety?						
38.	About how often did you feel so depressed that nothing could cheer you up?						
39.	About how often did you feel that everything was an effort?						
40.	About how often did you feel worthless?						
41. What has been the most helpful thing about the services you received over the last 6 months?							
42. What would improve services here?							

If you are interested in participating in community focus group meetings regarding this survey and how it is used to improve services, please contact UPLIFT at 307-778-8686 or toll-free at 888-875-4383. This information is also available on the Mental Health & Substance Abuse Services Website at http://health.wyo.gov/mhsa/index.html.

Thank You!

Please place your completed survey in the provided envelope, seal the envelope, and return it to the designated person.